

HICAP BUDGET SUMMARY

BUDGET PERIOD:	<input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT NO.:			CONTRACT NO.:	DATE:	PSA NO.:	
	Col (a)	Col (b)	Col (c)	Col (d)	Col (e)	Col (f)	Col (g)
COST CATEGORY	STATE AND FEDERAL (SHIP) FUNDS ONLY				OTHER FUNDING		TOTAL
	AAA	Direct	Contracted	TOTAL	Program	Other	TOTAL
	Admin	Service	Service	Columns (a,b,c)	Income	Funding	All Funds Columns (d,e,f)
AAA ADMINISTRATION							
Personnel							
Operating Expenses							
Indirect Admin							
TOTAL ADMINISTRATION							
HICAP PROGRAM							
HICAP Reimbursements							
HICAP Fund							
HICAP Federal (SHIP) Funds							
TOTAL HICAP PROGRAM							
TOTAL BUDGET							
FOR STATE USE ONLY							
Fiscal Specialist Approval		Date	Team Coach Verification			Date	

HICAP Legal Representation Services are provided [W&I Code, Section 9541 (c) (3)]: ☐ Yes Amount Budgeted:\$ _____

AAA ADMINISTRATION BUDGET NARRATIVE

BUDGET PERIOD:	[] ORIGINAL [] AMENDMENT NO.:	CONTRACT NO.:	DATE:	PSA NO.:
PERSONNEL		(a)	(b)	(c)
Position Classification:		Annual Wage Rate	% of Time Devoted	TOTAL
TOTAL SALARIES & WAGES				
STAFF BENEFITS				
TOTAL PERSONNEL				
OPERATING EXPENSES			Rate per Square Ft.	TOTAL
Annual Rent				
Equipment (List):	Quantity	Unit Price		
Travel:				
Other Operating Expenses (List):				
TOTAL OPERATING EXPENSES				
INDIRECT ADMIN				
TOTAL ADMINISTRATION				

BUDGET PERIOD:	[] ORIGINAL [] AMENDMENT NO.:	CONTRACT NO.:	DATE:	PSA NO.:
PERSONNEL		(a) Annual Wage Rate	(b) % of Time Devoted	(c) TOTAL
Position Classification:				
TOTAL SALARIES & WAGES				
STAFF BENEFITS				
TOTAL PERSONNEL				
OPERATING EXPENSES			Rate per Square Ft.	TOTAL
Annual Rent:				
Equipment (List):		Quantity	Unit Price	
Travel:				
Other Operating Expenses (List):				
TOTAL OPERATING EXPENSES				
INDIRECT COSTS				
TOTAL DIRECT SERVICES				

HICAP CONTRACTED SERVICES SCHEDULE

BUDGET PERIOD:	[] ORIGINAL [] AMENDMENT NO.:		CONTRACT NO.:		DATE:	PSA NO.:
Contractors	(a) HICAP Reimbursements	(b) HICAP Fund	(c) HICAP Federal (SHIP)	(d) Program Income	(e) Other Funding	(f) TOTAL CONTRACTED SERVICES
Name:						
Address:						
Telephone:						
Contact Person:						
Name:						
Address:						
Telephone:						
Contact Person:						
Name:						
Address:						
Telephone:						
Contact Person:						
Name:						
Address:						
Telephone:						
Contact Person:						
TOTAL HICAP CONTRACTED SERVICES						